



**Adams County
Health Department**

Public Health
Prevent. Promote. Protect.

Environmental Health &
Emergency Preparedness
560 Rice Drive
West Union, Ohio 45693
Phone: (937) 544-5547 extension 116
Fax: (937) 544-3035
hpolley@adamscountyhealth.org

TEMPORARY FOODSERVICE APPLICATION

The application and fee must be received at least 5 days prior to the event, or the license may not be issued.

License fees are non-refundable.

Fee: Profit License: \$60.00 per day

Non-Profit: \$30.00 per day

INSTRUCTIONS: Please read each requirement carefully. Your license will be issued to you after an inspection of your facility is conducted to verify compliance at the event.

FOOD SOURCE:

All food must be prepared at the event or:
In a licensed food service operation.
Purchased commercially.
No home cooked foods allowed.

FOOD TEMPERATURE:

All foods subject to spoilage must be kept:
Below 41°F
Above 135°F

GENERAL FOOD SAFETY:

Have probe thermometer available to determine these temperatures.
Use disposable gloves (no latex), utensils, wax paper, aluminum foil or plastic wrap when handling ready to eat foods.
Hair restraints or hats must be worn when preparing food.
Condiments must be provided in individual packets, pumps or squeeze type containers.
No smoking or chewing tobacco in food prep/serving areas.
Use of pesticides is prohibited during preparation and serving hours.

FOOD AND UTENSIL STORAGE:

Store all food products and utensils at least six (6) inches off the ground and protect them from dust and insects, etc. (Please keep all food products covered.)
Utensils must be either washed-rinsed-sanitized between uses or stored in foods.

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FOOD PROTECTION:

Foods on display for sale must be kept covered.
A sneeze guard is recommended for any self-service or display items.

HANDWASHING:

Provide hand washing facilities with soap and disposable towels.
An insulated spigot style cooler is acceptable with soap, paper towels, and a catch basin to collect water.

CLEANING AND SANITIZING PROCEDURES:

Proper cleaning of utensils and equipment is wash, rinse, and sanitize in three separate compartments. Three separate plastic dish tubs may be used. (Unscented bleach may be used as a sanitizer.)
One capful of bleach per gallon of water is acceptable (concentration of 50-100 ppm).
Sanitizer test strips need to be used to check sanitizer concentration.
Dishes must be air-dried.

REFUGE STORAGE AND COLLECTION:

Trash must be stored in durable, cleanable receptacles with tight fitting lids.

WATER SUPPLY:

Water must be from an approved source: county water or an approved well .

WASTEWATER:

Shall be stored in a holding tank or discharged in sanitary sewer.
Gray water may not be dumped on the ground or run into a storm sewer.

TEMPORARY FOOD SERVICE OPERATION APPLICATION

Organization

Name: _____

Organization

Address: _____

Person In Charge of

Food: _____

Address of

Event: _____

Telephone number

(Home): _____ Work/cell: _____

Name and Date of

Event: _____

Day and Time of

Setup: _____

When will you be ready for inspection? (Date /Time)

Date and location of where the food will be prepared (if not on site):

Where will food be obtained?

List all foods and beverages you plan to sell: All foods served must be able to be made on site or purchased commercially. Please indicate next to each food item an (MO) for made on site or a (P) for purchased.

Will there be any support facilities, i.e. stock trucks, primary cooking facility, etc?

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How will you keep foods cold (41°F or lower)?

How will you keep foods hot (above 135°F)?

How will employees wash their hands?

Is this event inside or outside?

How will you keep the food covered?

What type of equipment will you use at the sale site for preparation of food items?

How will you keep the work area clean and sanitized?

Where will you wash and sanitize your utensils?

Draw a floor plan/layout of the operation as close to scale as possible. Please make sure to include: any cooking equipment, any hot/cold storage equipment, hand wash and utensil wash stations.

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I certify that the above information is true to the best of my knowledge and that if there are additions or deletions in the information provided, I will contact the Adams County Health Department at (937) 544-5547 prior to operation.

Signature/Date

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Application for a License to Conduct a Temporary: (check only one)**Instruction:**

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application to:

- Food Service Operation**
 Retail Food Establishment

**Adams County Health Department
560 Rice Drive
West Union, OH 45693**

Before the license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Name of temporary food facility:			
Location of event:			
Address of event			
City	State	Zip	Email
Start date: / /	End date: / /	Operation time(s):	
Name of license holder:			Phone number:
Address of License holder			
City	State	Zip	Email
List all foods being served/sold			

I hereby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above:

Signature	Date

Licenser to complete below

Valid date(s):	License fee: 60.00
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.